

EDUCATION

	School Name	Course of Study	Years Completed	Degree Awarded
High School City & State				
Undergraduate College City & State				
Graduate College City & State				

List any foreign languages you are able to speak, read or write: _____

Describe any specialized training or skills that you have, related to the position you are applying for:

EMPLOYMENT HISTORY

Work history for the past 7 years, starting with your present or last job. Include any job-related military service or volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, ancestry, age, disability, sexual orientation or other protected status. Attach additional sheet if necessary.

Employer: _____

Address: _____

Telephone: _____

Job Title: _____ Supervisor: _____

Dates of Employment: _____ through _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____ Supervisor: _____

Dates of Employment: _____ through _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____
 Address: _____
 Telephone: _____
 Job Title: _____ Supervisor: _____
 Dates of Employment: _____ through _____
 Work Performed: _____
 Reason for Leaving: _____

Please list information if
 any gap in employment: _____

PERSONAL REFERENCES

Name: _____ Relationship: _____ Phone #: _____
 Address: _____

Name: _____ Relationship: _____ Phone #: _____
 Address: _____

Name: _____ Relationship: _____ Phone #: _____
 Address: _____

RECEIPT OF JOB DESCRIPTION

Together with this employment application, you have been given a job description for the position you are applying for. Are you capable of performing, in a reasonable manner, with or without reasonable accommodation, the activities involved in the job for which you have applied? Yes No

VETERAN'S PREFERENCE

Are you claiming you are entitled to veteran's preference in your application for employment with this agency? Yes No

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all information contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment may be considered active for a time-period of twelve months.

If employed, I understand that I will be required to serve and successfully complete a probationary period. For 40-hour workweek employees the probationary period is six months; for all other positions, the probationary period is one year. I understand that during this probationary period, I am designated as an "at will employee", which means the Employer may discharge me at any time, with or without cause.

In the event I am employed, I understand that false or misleading information given on my application or in my interviews may result in my discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

Should I be conditionally offered a position, I understand that I will be required to undergo a medical examination and pre-employment drug testing conducted by the District's physician. I authorize that physician to release to the District information that may affect my ability to accomplish the activities of the position for which I am being considered.

Signature of Applicant

Date